

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753043

1. Entity Name

HAVURAH OF SOUTH FLORIDA, INC.

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90002 009 ****61.25

Principal Place of Business

Mailing Address

7800 RED ROAD
SUITE #231
SOUTH MIAMI FL 33143
US

9315 S.W. 61 COURT
MIAMI FL 33156-1951

C0031992



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2011883

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	BERNSTEIN, MARGRIT	3608 ROYAL PALM AVE	MIAMI FL	
	TULIN PLEASE CORRECT	AKWID, LYNN	7511 RED RD APT #4	<input type="checkbox"/> Delete
	PRICE, ROBERT	9105 SW 65 ST.	MIAMI FL	<input type="checkbox"/> Delete
	JAFFE, LARRY	12860 SW 69 COURT	MIAMI FL	<input type="checkbox"/> Delete
	FREUNDLICH, DAVID	10464 SW 128 TERR.	MIAMI FL 33176	<input type="checkbox"/> Delete
	CHEFITZ, MITCHELL	9315 SW 61 COURT	MIAMI FL	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)